

IMPOUNDMENT INFORMATION RECORD

LS-6 NEW 10-98

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
INSURANCE COMPLIANCE SECTION**INSTRUCTIONS:**

1. Send completed original to DMV.
2. Keep photocopy for your records.

SECTION-1 POLICE DEPARTMENT INFORMATION

NAME OF LAW ENFORCEMENT ORGANIZATION

(Number and Street)

(City or Town)

(State)

(Zip Code)

NAME OF OFFICER IMPOUNDING VEHICLE

ORGANIZATION CODE

AUTHORIZATION CODE

SECTION-2 VEHICLE INFORMATION

YEAR

MAKE

MODEL

REGISTRATION NUMBER AND TYPE (Passenger, Combination, etc.)

VEHICLE IDENTIFICATION NUMBER (VIN)

NAME OF STORAGE LOCATION

ADDRESS OF STORAGE LOCATION

(Number and Street)

(City or Town)

(State)

(Zip Code)

DATE OF IMPOUNDMENT

The above described vehicle has been impounded in accordance with Public Act 98-215.

SIGNATURE OF POLICE OFFICER

X